

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2018 OCT 19 PM 2:14

ANTHONY FOX (Pro Se)

Write the full name of each plaintiff.

-against-

POLICE OFFICER (Badge #942615)

P.O. JOHN DOE, AND THE

BRONX CO. DISTRICT ATTY,

CITY OF NEW YORK

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

18CV9661

No.

(To be filled out by Clerk's Office)

COMPLAINT

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

- Violation of my federal constitutional rights

Other:

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Anchony L Fox

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

WIA

Current Place of Detention

Institutional Address

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
 - Civilly committed detainee
 - Immigration detainee
 - Convicted and sentenced prisoner
 - Other: *n/a*

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>UNKNOWN</u>	<u>Unknown</u>	<u>942615</u>
First Name	Last Name	Shield #
<u>Police Officer</u>		
Current Job Title (or other identifying information)		
<u>42nd PCC, Bronx, New York</u>		
Current Work Address		
<u>Bronx</u>	<u>New York</u>	
County, City	State	Zip Code

Defendant 2:

<u>UNKNOWN</u>	<u>Unknown</u>	<u>UNKNOWN</u>
First Name	Last Name	Shield #
<u>Police Officer</u>		
Current Job Title (or other identifying information)		
<u>42nd PCC, Bronx, New York</u>		
Current Work Address		
<u>Bronx</u>	<u>New York</u>	
County, City	State	Zip Code

Defendant 3:

<u>Robert</u>	<u>Johnson</u>	
First Name	Last Name	Shield #
<u>Bronx Assistant Attorney</u>		
Current Job Title (or other identifying information)		
<u>215 E. 161st St., Bronx</u>		
Current Work Address		
<u>Bronx</u>	<u>New York</u>	<u>10451</u>
County, City	State	Zip Code

Defendant 4:

<u>THE CITY OF NEW YORK</u>		
First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
<u>NEW YORK</u>	<u>N.Y.</u>	
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: October 23, 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

1. Officer John Doe (shield # 942615), arrested Plaintiff on or about 10/23/15 at the above listed address. After being taken to the 42nd P.C.; Plaintiff requested to file a cross-complaint for assault since the complainant had cut Plaintiff's hand. Plaintiff was taken to Bronx Lebanon Hospital on said date 10/23/15;

Plaintiff alleges that police officers John Doe (1) and John Doe (2), violated Plaintiff's right to "Equal Protection of the Law" under 14th Amend. of the Constitution.

2. District Attorney Robert Johnson in his "Official capacity" as Chief D.A.; Instituted a policy directing police officers not to accept cross-complaints from a defendant after being arrested; Plaintiff asserts that this policy violates his right under the 14th Amend. of the U.S. Const.; additionally Plaintiff asserts a "Monell claim" pursuant to (N.Y. City Dep't. of Soc. Services v. Monell) (Citation omitted) (U.S. Sup. Ct. 1977)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I received a minor cut during the alleged assault arrest; the case was later dismissed.

Plaintiff was treated at Bronx Lebanon Hospital on 10/23/15

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Plaintiff requests \$100,000.00 in compensatory damages related to plaintiff's 3 weeks of detention and loss of personal property on him at the time of arrest; also loss of residence at 1064 White Plains Rd., BX, NY and personal property located in plaintiff's residence.

Plaintiff sues P.O.'s John Poe (Walter) in their individual and official capacities, and others in their official capacities

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/19/18

Dated

Anchony

First Name

L

Middle Initial

A Anchony Fox

Plaintiff's Signature

Fox

Last Name

647 Morris Park Ave., Apt. H-1

Prison Address

Bronx

County, City

N.Y.

State

10462

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: